450 – ALTCS EXTRAORDINARY CARE REVIEW PROCESS FOR MINOR MEMBERS

EFFECTIVE DATE: 12/01/26

APPROVAL DATE: 11/25/26

I. PURPOSE

This Policy applies to ALTCS E/PD and DES DDD (DDD) Contractors and Fee-For-Service (FFS) Program Tribal ALTCS. This Policy establishes requirements for an extraordinary care review process for Direct Care (as specified in AMPM Policy 1240-A) and Habilitation (as specified in AMPM Policy 1240-E) service assessments for ALTCS-enrolled children under the age of 18. This policy is established to comply with requirements outlined in AAC R9-28-12. The AHCCCS Division of Fee-for-Service Management will serve in the contractor role for Tribal ALTCS members.

II. DEFINITIONS

Refer to the AHCCCS ACOM and AMPM Dictionary for common terms found in this Policy.

For purposes of this Policy the following terms are defined as:

ACTIVITIES OF DAILY LIVING	Activities a member shall perform daily for the member's regular day-to-day necessities, including but not limited to mobility, transferring, bathing, dressing, grooming, eating, and toileting.
CHANGE IN CONDITION	A decline or improvement in a member's health status that necessitates a new assessment and resulting adjustment in interventions by care providers or by implementing a standard disability-related clinical or behavioral intervention, or by which current services are no longer effective due to the change of the member's health status. A change in condition has an impact on one or more areas or tasks and requires review or revision of the member's Person-Centered Service Plan (PCSP) and/or Home and Community Based Services (HCBS) Neets Tool (HNT).
EXTRAORDINARY CARE	Care that exceeds the range of activities that legally responsible person of a minor child would ordinarily perform in the household on behalf of the ALTCS member if the member did not have a disability or chronic illness, and which is necessary to assure the health and welfare of the member and/or avoid out-of-home placement.

EXTRAORDINARY CARE REVIEW (ECR)	An individualized review process that is available for members under the age of 18 in the event the Health Care Decision Maker (HCDM) disagrees with the number of assessed hours for Direct Care Services, Habilitation Service, or both as a result of a Home and Community Based Services (HCBS) Needs Tool (HNT) age limitation and/or a habilitation maximum hourly limit set forth in the HNT.
EXTRAORDINARY CARE REVIEW (ECR) DECISION	An ALTCS contractor's review of a clinician's extraordinary care determination and issuance of the determination. The Contractor shall adopt a clinician's extraordinary care determination except when concerns of the clinical integrity of that clinician's extraordinary care determination are identified. In such instances, the Contractor's CMO shall maintain final authority for the extraordinary care determination.
HOME AND COMMUNITY BASED SERVICES (HCBS) NEEDS TOOL (HNT)	A tool used by ALTCS case managers to assess an ALTCS member's specific needs related to direct care services and habilitation service.
INFORMAL SUPPORTS	Unpaid services voluntarily provider to a member by a family member, friend, or volunteer to assist or perform Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL).
INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)	Activities a member shall perform that are more complex in nature than Activities of Daily Living (ADL) and necessary for independent living and community participation, such as managing money, preparing meals, shopping, doing laundry, and using transportation as specified in AAC Title 9 Chapter 28 Article 1.

III. POLICY

ALTCS children under the age of 18 who are assessed for direct care services and/or habilitation service needs using the Home and Community Based Services (HCBS) Needs Tool (HNT), as specified in AMPM Exhibit 1620-17, may benefit from an Extraordinary Care Review (ECR) in instances when their Health Care Decision Maker (HCDM) disagrees with the assessed hours based on the HNT's age limitations for direct care services as specified in AMPM Policy 1240-A, and/or hourly limits or age limitations for habilitation services as specified in AMPM Policy 1240-E.

A. ALLOWABLE CIRCUMSTANCES FOR EXTRAORDINARY CARE REVIEW

1. An HCDM may request an ECR for their child who is under the age of 18 when they disagree with the outcome of the HNT and:
   a. The member was not assessed for Direct Care services as specified in AMPM Policy 1240-A, due to the age limitations, and/or
   b. The member was not assessed for Habilitation or was assessed and received limited Habilitation service hours as specified in AMPM Policy 1240-E, due to age limitations or weekly maximum hourly limits on the HNT.

2. The case manager shall document the member's or HCDM's area(s) of concern on the HNT, specific to each task reviewed, in order to support an ECR and/or appeal, should one be requested.

3. The HCDM may provide information to support that the member has extraordinary needs and may benefit from service hours for Direct Care services, Habilitation service, or a combination of both in excess of the Direct Care services and/or Habilitation service assessment documented on the HNT due to age limitations and/or habilitation service hour limits.

4. All ECRs are limited to one time a year for each direct care service task or habilitation task where the HCDM has concerns in alignment with Section A.1. An ECR is allowable outside of the annual timeframe of the Person-Centered Service Plan (PCSP) if one of the following is met:
   a. The child has experienced a change in condition that necessitates an update to the HNT to determine a reduction or increase in assessed and authorized services and/or service hours and the HCDM has a concern with a revision due to the change in condition, or
   b. The specific service need has not previously gone through an ECR review and the HCDM now has concerns about the authorized services meeting the member's needs.

5. If an ECR is desired, the HCDM shall request an ECR, in writing, to the member's Contractor, when the criteria for an ECR has been met in subsection A.1. The HCDM will be asked to sign the completed HNT, indicating interest in an ECR and that information about the ECR process has been received. The HDCM may request an ECR after completion of the HNT, if time is needed to review the HNT document and determine if there is interest in pursuing an ECR; however, federal timelines must still be met for authorization or discontinuation of services as appropriate:
   a. If HCDM concerns are noted upon signing the HNT, members and their HCDMs will receive written communication and education materials about the Contractor's ECR process and how reviews are conducted. This information shall also be made available to members ahead of HNT reviews, as outlined in Section B. 1. c. of this policy,
   b. For HNT concerns that do not meet ECR requirements outlined in subsection A.1 or when the HCDM has concerns about the assessment but does not want to pursue an ECR, the Contractor shall issue a Notice of Adverse Benefit Determination (NABD) in accordance with requirements and timelines outlined in AAC R9-34-205 and as outlined in ACOM Policy 414.

6. The Contractor must provide reasonable accommodations and language access requirements outlined in ACOM Policy 405, Cultural Competency and Language Access Requirements to HCDMs who need assistance, in whole or part, with the ECR process.

7. The ECR request must include:
   a. Whether the member is seeking additional hours for Direct Care Services as specified in AMPM Policy 1240-A, due to age limitations, Habilitation Services as specified in AMPM Policy 1240-E, due to age limitations or weekly maximum hourly limits, or both, that could not be assessed on the HNT, and
   b. The HCDM's justification for the specific direct care services tasks and/or habilitation hours (whichever apply) that could not be assessed and/or were limited due to weekly allowance. This information should be documented on the HNT as part of the assessment process:
      i. For direct care services, task-specific details must be provided that align with the tasks in the HNT, and
      ii. The reason for the time needed to support the member with the direct care tasks and/or habilitation outcomes (whichever apply) and the rationale for why the need should be considered as extraordinary care.
   c. A way for a HCDM to provide any additional supporting medical, clinical, and school-related documentation that they believe may assist in the review of the member's Activities of Daily Living/Instrumental Activities of Daily Living (ADL/IADL) needs and the timeframe for providing the information if they choose to do so. Submission of additional documentation is not required for the ECR request to move forward. Information provided may include but is not limited to:
      i. Therapy notes,
      ii. The member's Individualized Education Program (IEP) summary,
      iii. Behavior Treatment Plan and/or treatment notes, and/or
      iv. Other services or supports that have been tried but have not benefited the member.

B. CONTRACTOR EXTRAORDINARY CARE REVIEW PROCESS REQUIREMENTS

The Contractor is required to develop and implement a process to administer the ECR. The Contractor must have their process approved by AHCCCS prior to implementation, including any time a substantive change is proposed to the approved process.

1. The process shall include:
   a. A purpose statement regarding the Contractor's extraordinary care review process,
   b. The Contractor's methodology for the ECR process, including a description of:
      i. How determinations will be made regarding the appropriate clinician to be assigned to each ECR,
      ii. How the ECR clinician will receive the documentation, including all information submitted by the member's HCDM as well as all information outlined in Section B.12,
      iii. How the assigned ECR clinicians will conduct the ECR and take into account all the available documentation,
      iv. The criteria that the ECR clinician will use to determine if there is a need to connect with a member's HCDM to complete the review,

v. How the ECR clinician will evaluate the holistic needs of the member, ensuring child-specific considerations, and
vi. How the ECR clinician will document the outcome of the ECR.

c. A description of the Contractor's notification and education processes to inform members of the ECR process including methods of member education that supports proactive notification of the ECR process ahead of an HNT assessment, written member education materials, Contractor website content, who to contact for ECR questions and/or support, and how to contact the Contractor for questions and additional information in accordance with standards outlined in ACOM Policy 404, Contractor Website and Member Information,
d. When and how an ECR can be requested, including timeframes as well as information regarding how to request reasonable accommodations and language access requests,
e. The HNT information that must be documented and submitted by the HCDM when requesting an ECR as outlined in subsection A.3.,
f. The information that may be submitted by a HCDM for review during the ECR process as outlined in subsection A.5.c. and how to submit the information,
g. The process the Contractor will use to administer the Pediatric Evaluation of Disability Inventory-Computer Adaptive Test (PEDI-CAT), and Autism Spectrum Disorder (ASD) Module when appropriate, if the HCDM chooses to participate in the supplemental assessment, and how the results of the PEDI-CAT will be shared with the ECR clinician,
h. The type of clinicians used to conduct the ECR and meet the requirements outlined in subsection B.4. including how determinations are made regarding which clinician(s) conduct ECRs for specific members,
i. Any training that the ECR clinician(s) will be required to receive prior to conducting ECRs and on a regular cadence throughout their time conducting ECRs,
j. The method(s) that will be utilized to notify the HCDM of the following:
    i. Timeline extensions of the Contractor's decision whereby the extra time will be of benefit to the member to engage the member's care team and/or specialty clinicians in the ECR as permitted in D.5(a),
    ii. The date and time for the meeting with the ECR clinician, when determined clinically appropriate, and
    iii. The outcome of the ECR.
k. The timeline for review and notification of the outcome to the HCDM,
l. Any template forms for providing information or notifications to the HCDM including the standardized form to document ECR decisions as directed in Section C,
m. The plan and timeline for training all staff who need to be aware of the ECR process (e.g. case managers, customer service representatives, clinicians,
n. A description of how the ECR records shall be maintained,
o. A description of how the required ECR data outlined in Section D will be collected, and
p. A workflow and timeline of the proposed ECR process that clearly describes the review from beginning to end.

2. The ECR process shall be conducted by clinicians with relevant professional experience (aligning with the diagnoses and needs of the child) and current licensure or certification. Any of the clinicians below may be utilized to meet this requirement:
   a. Developmental pediatricians,
   b. Child and adolescent psychiatrists,
   c. Registered nurses with additional training in behavioral health or complex medical conditions,
   d. Licensed psychologists,
   e. Board-certified Physical Medicine and Rehabilitative physicians,
   f. Board-certified Internal Medicine physicians,
   g. Board-certified Family Medicine physicians,
   h. Licensed occupational or physical therapists,
   i. Speech/language pathologists,
   j. Board-Certified Behavior Analysts, and/or
   k. Other appropriately licensed clinicians as approved by AHCCCS.

3. The Contractor must provide AHCCCS with the specific types of clinicians that will be utilized for their ECR process, along with minimum training requirements for positions where it is necessary (e.g., for a Registered Nurse (RN) must have behavioral health or complex medical condition experience and training).

   If the Contractor would like to utilize a clinician type not included in this policy and/or not included in the Contractor's initial ECR process submission to AHCCCS, the contractor shall submit a written request that outlines the clinician type and supporting rationale to their assigned AHCCCS Operations Compliance Officer (OCO).

4. All ECR clinicians, regardless of background, must be trained on person-centered service planning, both at the start of the ECR process as well as annually thereafter. The Contractor may also require additional training for the ECR clinician as appropriate for the scope of the role.

5. The ECR clinicians shall be able to consult with other ECR-approved clinicians in instances where the member's specific case has complex, multi-factorial considerations. The ECR clinicians shall also have access to the following when necessary:
   a. Individuals who can provide a whole person care perspective in addition to bringing awareness of community supports that may be available,
   b. For reviews involving a member with an intellectual or developmental disability, a person that holds a nationally recognized certification such as a Qualified Intellectual Disability Professional (QIDP), a NAQ-Certified Intellectual/Developmental Disability (I/DD) Specialist, or a National Association for the Dually Diagnosed Dual Diagnosis Specialist (NADD-DDS), or
   c. A Licensed Master Social Worker (LMSW), and
   d. The member's ALTCS Case Manager.

6. The Contractors may only use clinicians (including any consulting clinicians or experts) that are either employees or contracted by the Contractor to participate in the ECR process. The Contractors must take measures to mitigate conflict of interest and ensure that clinicians/experts will have no direct benefit as a result of the outcome of the ECR (e.g. a clinician who provides services to the child may not be used for the child's ECR). Similarly, case managers that meet the requirements for an ECR-approved clinician may not serve as the ECR clinician conducting the review (e.g., for members who are on their caseload or for whom they may be related to).

7. Any consultation between clinicians and/or Subject Matter Experts (SMEs), including their credentials or areas of expertise, shall be documented as part of the ECR record. A consultation is to serve for informational purposes only, with the final ECR decision remaining the responsibility of the assigned ECR clinician.

8. The Contractors must ensure that any service provided to a member under the age of 18 is extraordinary in nature and a medically necessary service. Requested services, that were not assessed due to age based or maximum hourly limitations, must be evaluated to determine if:
   a. Any are ordinary requirements of a legally responsible person, such as a parent or guardian, versus those that are extraordinary and would not be needed in absence of a disability or other medical condition,
   b. The member can benefit from the services, and
   c. The services are medically necessary services.

9. The Clinicians conducting the ECR must have full access to all relevant aspects of the member's record. If the ECR clinician has additional questions and/or requests information that the Contractor has available, the Contractor must have a process to provide the clinician with the information in a timely manner.

10. All ECR clinicians shall also consider the results of the Content-Balanced Pediatric Evaluation of Disability Inventory - Computer Adaptive Test (PEDI-CAT) that documents the member's functional status if the HCDM chooses to complete the PEDI-CAT:
    a. When appropriate, based on the member's diagnoses, the Autism Spectrum Disorder (ASD) Module of the PEDI-CAT should also be made available to the HCDM to complete if they so choose,
    b. The Contractor must establish a process to administer this tool as part of the ECR process as well as a process to make the results available to the ECR clinician when the HCDM chooses to complete the assessment tool.

11. The ECR clinician shall consider feedback from any conversation between the assigned ECR clinician and the HCDM, when the need for a conversation is determined to be necessary and clinically appropriate:
    a. The ECR clinician may meet with the HCDM/member via phone call or, when available, virtually (including both audio/video capabilities),
    b. The Contractor must make a reasonable attempt to contact the HCDM before proceeding with the ECR utilizing all the other information available to render a decision.

12. The ECR clinicians shall consider the following when making their ECR decision:
    a. The results of the HNT and hours that were assessed by the case manager as well as any comments/documentation regarding the HCDM and/or care team's concerns about the assessment and assessed hours,
    b. The member's PCSP including unique diagnoses, needs and personal goals. The time and effort it takes to support the member with ADLs, IADLs, and/or skill building that supports the member in obtaining or maintaining age-appropriate skills, exceeding what a parent/caregiver of a child without disability would need for these types of tasks including circumstances when the member might need multiple individuals to support a particular task, need or skill,
    c. The member's daily schedule to understand the hours in the day the child may be available to receive services including:
        i. Other services the member receives in addition to direct care and/or habilitation services, or
        ii. Time spent in educational activities.
    d. The risk of institutionalization or out-of-home placement if the member does not receive the services,
    e. The availability of other services that may be more appropriate to address the member's needs for this to be considered, the Contractor and the ECR clinician must be certain that the alternate service(s) is readily available for the member to receive the services within the required timeframes outlined in the AHCCCS policy for the point in time the service is identified,
    f. Other services or supports that have been tried but have not benefited the member,
    g. Other service utilization data that may include, but is not limited to:
        i. Inpatient hospitalization,
        ii. Emergency department visits,
        iii. Crisis observation visits,
        iv. Out of home placements,
        v. Incident Reports, and
        vi. Other services covered by the Contractor.
        h. The member's ability to benefit from the services or hours of service received,
        i. The member's risk of functional ability or skills regression.

C. EXTRAORDINARY CARE REVIEW DECISIONS

1. The Clinicians responsible for the Contractor's ECR decisions must meet the timelines outlined in Section D.1.

2. The Clinicians shall document, in writing, their findings, rationale, and decisions for each extraordinary care review on a standardized template developed by the Contractor in accordance with this Section. When the outcome of the ECR results in fully or partially approved changes to the assessed hours and/or services, the ECR clinician shall work with the Contractor to update the HNT as part of the outcome decision documentation process:
    a. The revised HNT, with hours documented as determined appropriate by the ECR clinician, shall become the base for the member's next HNT/PCSP update. If a member's needs have not changed (as assessed on the HNT) during the time of reassessment, the ECR

clinician decision shall be carried forward until such time the member's needs have changed, the age requirement for a task not previously assessed has been reached, and/or a new ECR is requested in accordance with requirements outlined in subsection A.1.

3. In instances where a Contractor utilizes multiple clinicians for ECR decisions, the Contractor is required to outline and implement procedures for ensuring interrater reliability. The Contractor is responsible for ensuring the integrity of the ECR process and for monitoring to ensure sound clinical decision making is occurring.

4. The ECR findings and decisions shall be entered into the member's HNT and incorporated into the PCSP.

5. The ECR decisions will result in one of the following:
   a. Current services and service hours assessed on the HNT are appropriate so there is no change to the HNT assessment, or
   b. A change to the assessed hours and/or services is fully or partially approved and the member's HNT shall be updated by the Contractor with direction from the ECR clinician to include the additional services and/or service hours, or
   c. Recommendation of additional services that are not a part of the HNT assessment process that the member may benefit from given their unique needs and circumstances. The HCDM may opt to decline the additional services, but that will not change the outcome of the ECR decision nor the updated/current HNT. Examples include, but are not limited to:
      i. Home health and/or Licensed Health Aide (LHA) services,
      ii. Therapies,
      iii. Applied behavioral analysis,
      iv. Other services as determined by an ECR clinician.

6. All ECR outcomes resulting in additional services and/or service hours shall be evaluated for cost effectiveness and cannot exceed the member's allowable Cost Effectiveness Study (CES). However, the member's comprehensive needs must be accurately reflected in the HNT, inclusive of additional hours approved by the ECR clinician, if applicable.

7. Decisions made as part of the ECR must be documented in writing, and include, at a minimum, the following information:
   a. The decision rendered for the ECR,
   b. Evidence-based documentation and rationale that supports the review decision and outcome in subsection C.5, and
   c. Relevant ECR clinician notes and considerations based on professional expertise.

8. Rationale for approving an ECR request, either fully or partially, shall include at least one of the following:
   a. Evidence, with supporting documentation, that the member's unique needs and circumstances are extraordinary in nature and receipt of additional services or service hours may alleviate the member's complex care needs and/or improve their safety, health, and wellbeing, or
   b. Presence of an immediate threat, or a high probability of immediate danger to the life, health, property, or environment of the member or another individual due to the member's medical/mental health diagnosis, or behavioral condition, or
   c. A risk of removal from the family home by an authorized agency due to concerns regarding the member's care related to their complex condition(s), or
   d. Evidence that an out-of-home placement would not be as cost effective as increasing services to support the member in remaining safe at home, or
   e. Other evidence based clinical rationale that justifies additional services and/or the increase in service hours.

9. Rationale for denying an ECR request shall include at least one of the following:
   a. Evidence that the member's unique needs and circumstances are not extraordinary in nature and do not require additional services or service hours, or
   b. Evidence that the services and/or service hours determined on the HNT is appropriate due to the member's needs and abilities, or
   c. Evidence that additional services or service hours are not medically necessary services, or
   d. Evidence that the member cannot benefit from additional services and/or service hours, or
   e. Other clinical rationale specific to the member's unique condition and circumstances as determined and documented by the ECR clinician.

10. All extraordinary care review decisions must be provided to the HCDM in writing via both email and mail. If the HCDM does not have access to email, a mailed decision is sufficient. The information shared with the HCDM must include:
    a. The decision rendered for the ECR,
    b. Evidence-based documentation and rationale that supports the review decision and outcomes,
    c. Relevant ECR clinician notes and considerations based on professional expertise, and
    d. In instances where the decision resulted in a denial or partial approval, member appeal rights must also be provided in alignment with federal regulations and state policy requirements.

11. The Contractor's Chief Medical Officer shall retain final authority over the clinical integrity of ECR decisions made by ECR clinicians. This is inclusive of monitoring and oversight of the ECR process in its entirety as well as consistency and clinically sound decision-making of assigned ECR clinicians.

D. EXTRAORDINARY CARE REVIEW TIMELINES

1. The Contractors ECR process shall adhere to the service authorization timelines outlined in 42 CFR 438.210.

2. The Contractors shall provide written information about the ECR process to the HCDM at the completion of the member's HNT assessment if requested and the HCDM expresses concern about the results of the HNT assessment due to criteria specified in Section A:
   a. In instances where the criteria is not met for the ECR process, the Contractor shall issue a Notice of Adverse Benefit Determination (NABD) in accordance with AAC R9-34-205 and as specified in ACOM Policy 414, and
   b. The Contractor shall document on the HNT, the date the ECR information was provided to the member's HCDM.

3. The member's HCDM may submit a written request for an ECR in the manner outlined by the Contractor. The HCDM may also provide information outlined in subsection A.5.c. in accordance with the Contractor's processes.

4. The ECR Clinician shall review the ECR request and supporting documentation, including the PEDI-CAT if completed by the HCDM to inform the ECR process:
   a. The Contractor shall track this data in accordance with Section F.

5. The Contractor will have seven calendar days from the date that services are requested during the HNT assessment process, or the date of the ECR request if such is made outside of the HNT assessment process to complete the ECR and issue a decision, in alignment with federal service authorization timelines:
   a. The Contractor may request an extension of up to an additional 14 calendar days in instances where the extra time will be of benefit to the member to engage the member's care team and/or specialty clinicians in the ECR.

6. The Contractor shall notify the HCDM of the ECR decision upon completion of the review. In instances where:
   a. Additional services or service hours are approved, the Contractor shall authorize the additional services/service hours in accordance with ACOM Policy 414,
   b. Services and/or service hours are not being changed in the amount requested by the HCDM, the Contractor will issue a Notice of Adverse Benefit Determination (NABD) in accordance with requirements and timelines outlined in accordance with AAC R9-34-205 and as outlined in ACOM Policy 414, and/or
   c. The ECR decision includes other services that may better meet the needs of the member, the Contractor's case manager shall schedule a follow-up discussion with the HCDM within 14 calendar days of the review decision.

7. The Contractor shall ensure that the appropriate actions determined by the ECR process are implemented within the timelines outlined in this Section.

8. The ECR and all supporting documentation shall be incorporated and maintained in the member's record.

E. CONTRACTOR CASE MANAGER REQUIREMENTS

1. The Case Manager shall document HCDM feedback throughout the HNT as outlined in the AMPM Exhibit 1620-17B Guidance Document. The case manager will document the HCDM's assessment concerns on the HNT as well as indicate their preferences regarding their interest in the ECR process on the member's HNT, along with appropriate HCDM justification, initials, and signatures on the member's HNT. Decisions regarding pursuit of an ECR shall be made in writing by the HCDM and in accordance with established timelines.

2. Upon completion of the HNT assessment, the case manager shall provide a copy of the completed HNT to the member's HCDM to support review of assessed hours, documentation of member-specific needs and concerns, and in determining whether to pursue an ECR.

3. For instances where a new member is assessed or where an established member who has not previously received direct care and/or habilitation services authorized through the HNT is assessed, the Case Manager shall authorize initially assessed hours in accordance with ACOM Policy 414:
   a. If additional hours are approved following the requested ECR process, those hours will be authorized following timelines outlined in this policy.

4. For instances where a member has previously been receiving direct care and/or habilitation services authorized through the HNT, and the new assessment results in reduction of hours due to age and/or weekly maximum limitations, the previously approved and authorized service hours shall be maintained through the ECR process.

5. The Case Manager shall document the outcome of the ECR in the member's HNT and Person-Centered Service Plan (PCSP) in alignment with the ECR clinician's decision.

F. CONTRACTOR DATA AND REPORTING REQUIREMENTS

1. The Contractor shall maintain records of all ECR requests and outcomes.

2. The Contractor records must include, at a minimum, the following:
   a. Member demographic information including name, AHCCCS ID number, and age at date of request,
   b. Date of the HNT, date of the ECR request, date of the ECR, date of the ECR decision, and the date the HCDM is made aware of the ECR decision,
   c. All information and documentation submitted as part of the request including the written request for the ECR and any supporting documentation provided by the HCDM, the member's care team, and/or the member's providers (e.g. therapy notes),
   d. The specific clinician assigned to each review as well as their Curriculum Vitae (CV) and professional qualifications,
   e. Any documentation or evidence referenced as part of the review process,

f. The outcome of the ECR,
f. Any communication about the ECR process and the outcome of the ECR,
g. The date(s) that communication and follow up activities as required in Section D.4 above are completed, and
h. Data related to the following:
    i. The number of requests received as a complete request,
    ii. The number of requests returned due to incomplete information,
    iii. The number of reviews completed,
    iv. The number of decisions made by category type, including:
        1) Requests approved (both full and partial approvals),
        2) Requests where no services or service hours were added to the HNT but where other services outside of those covered on the HNT were recommended including capturing data when HCDMs decline recommended services,
        3) Requests denied,
        4) Approval of the total additional direct care tasks and total additional number of hours associated with each task where additional time has been approved, and
        5) Approval of the total additional habilitation service hours approved during the reporting period:
            a) The total and average increases in service hours by service as well as other services recommended outside of those covered on the HNT,
            b) The average time to conduct the reviews with data specific to each phase of the review process as well as the overall average timeframe, and
            c) Analysis of any trends that support review and oversight of this process.
        6) Appeal requests and appeal decisions related to the ECR process outcomes.

3. The Contractor shall report this information at the intervals required by AHCCCS utilizing Attachment A as specified in Contract Section F, Attachment F3, Contractor Chart of Deliverables.

4. The Contractors shall provide any information requested by AHCCCS to support periodic reviews and/or audits of the Contractor's Extraordinary Care Review (ECR) process.